MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
25 JUL 2024 AM 11:29
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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CANDIDATE COMMITTEE COVER PAGE

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 05/01/2024 to 07/21/2024

1. Committee I.D. Number
140465

2. Committee Name
TENIA DENARD FOR MACOMB COUNTY COMMISSIONER

4. Candidate Last Name: DENARD First Name: TENIA M.I.:

4a. Office Sought Including District # or Community Served (If applicable)
09 COUNTY COMMISSIONER, MACOMB COUNTY

4b. County of Residence **MACOMB COUNTY**

5. Committee's Mailing Address
22810 MASONIC BOULEVARD
ST CLAIR SHORES, MI 48082

Area Code and Phone (313) 992-4642
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
SHAWANA JACKSON PEGUES
16835 WARWICK
DETROIT, MI 48219

Area Code & Phone (773) 704-3725

7. Treasurer's Business Address
16835 WARWICK
DETROIT, MI 48219

Area Code and Phone (773) 704-3725

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone () -

9. **TYPE OF STATEMENT**

9a. [X] Pre-Election **OR** 9b. [ ] Post-Election

Pre-Election or Post-Election Statement relates to:

[X] Primary
[ ] General
[ ] Convention
[ ] Special
[ ] School
[ ] Caucus

Date of Election, Convention or Caucus
08/06/2024

Required ONLY if candidate is not on the ballot for the current year:

[ ] July Quarterly
[ ] October Quarterly

9c. [ ] Annual Statement (.)
Coverage Year

9d. [ ] Amendment to Campaign Statement (Complete Item 9a, 9b , 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

[ ] By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets, owes no lates fees or has any oustanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution
_____

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I\We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my\our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper _____ / _____ Submitted electronically, signature on file Date 07/25/2024
Type or Print Name Signature

Candidate _____ / _____ Submitted electronically, signature on file Date 07/25/2024
Type or Print Name Signature

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140465

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name TENIA DENARD FOR MACOMB COUNTY COMMISSIONER

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	50.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	50.00	(18.) $ 50.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	0.00	(19.) $ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	50.00	(20.) $ 50.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	0.00	(21.) $ 0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	0.00	(22.) $ 0.00
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	0.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $	0.00	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $	0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $	0.00	(23.) $ 0.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) $	0.00	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $	0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $	0.00	(24.) $ 0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed **by** the Committee (Schedule 1E)	(12a.) $	0.00	
b. Owed **to** the Committee (Schedule 1E)	(12b.) $	0.00	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	0.00
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	50.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	50.00
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	0.00
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	50.00 *

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140465

2. Committee Name TENIA DENARD FOR MACOMB COUNTY COMMISSIONER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/22/2024 Name & Address: DIANE YOUNG 13250 IRVINGTON DR WARREN, MI 48088 **5. If over $100.00 cumulative, please provide:** Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 50.00	$ 50.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address **5. If over $100.00 cumulative, please provide:** Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$	$
	Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address: **5. If over $100.00 cumulative, please provide:** Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$	$
	Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address **5. If over $100.00 cumulative, please provide:** Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$	$
	Click Here for Memo Itemization	

Page Subtotal	50.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	50.00

Enter this total on line 3a of Summary Page.

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DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140465

2. Committee Name TENIA DENARD FOR MACOMB COUNTY COMMISSIONER

This Schedule itemizes:

a. ☑ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: TENIA DENARD 22810 MASONIC BLVD SAINT CLAIR SHORES, MI 48082	4. Type: BANK ACCOUNT FEE 5. **Date Debt Was Incurred**: 07/02/2024 6. **Original Amount of Debt**: $ 50.00	$ $ $ $ $	$ 0.00	$ 50.00 ☑ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: 5. **Date Debt Was Incurred**: 6. **Original Amount of Debt**: $	$ $ $ $ $	$	$ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: 5. **Date Debt Was Incurred**: 6. **Original Amount of Debt**: $	$ $ $ $ $	$	$ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				

Page Subtotal (Outstanding debt) 0.00

Grand Total of all Schedules 1E 0.00
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.